THE DOCTORS WEEKLY

A STRICTLY ETHICAL NEWSPAPER FOR THE MEDICAL PROFESSION AT HOME AND ABROAD

VOL. II—No. 6. NEW YORK, AUGUST 6, 1892. TERMS $2.00 A YEAR.

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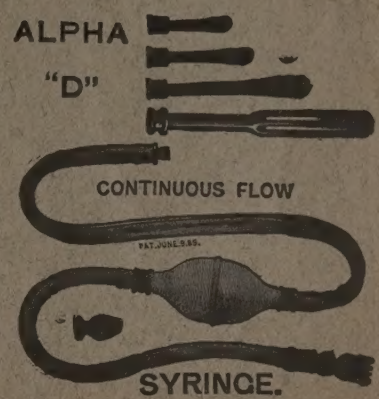

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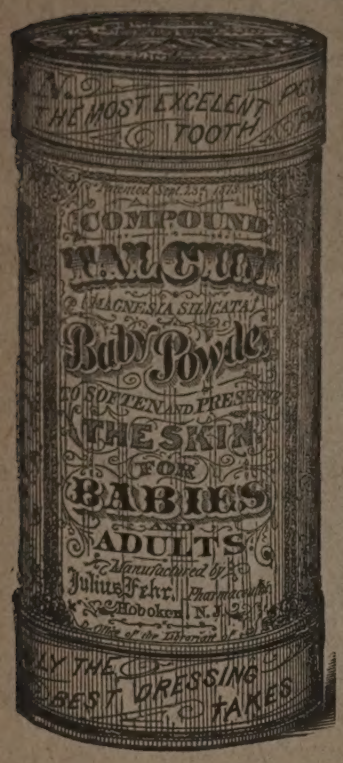

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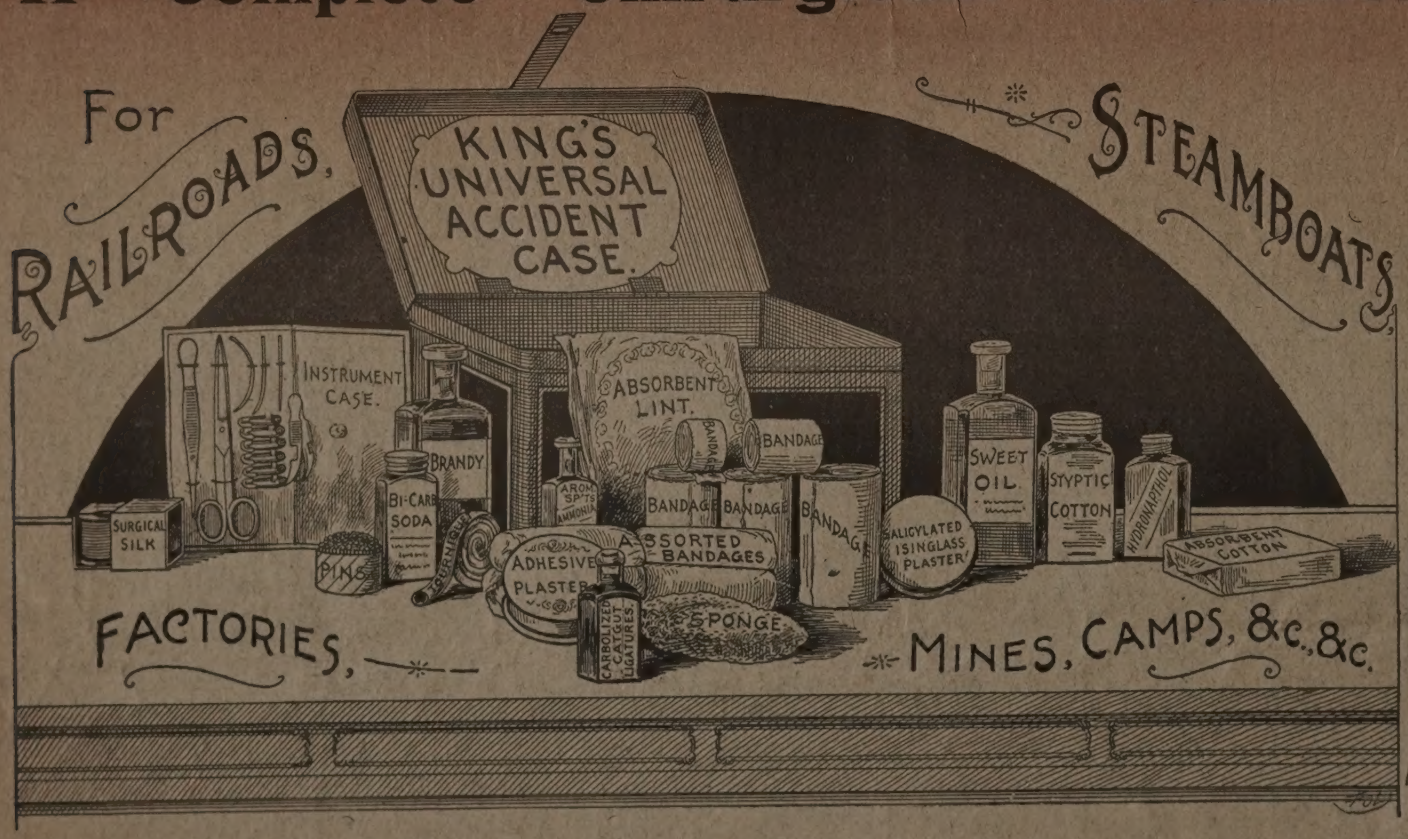

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THE TREATMENT OF CHRONIC NASAL CATARRH.

DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK, BY GEORGE MOREWOOD LEFFERTS, A. M., M. D.

(*Continued from last week.*)

TREATMENT.

Moreover, a patient will rarely be found with a throat tolerant enough to allow of the velum hanging motionless, and away from the posterior pharyngeal wall, while the operator is introducing the tip of the "atomizer" behind it, and then developing the but moderate air-pressure slowly, as he is obliged to do, with the hand-balls, in order to throw the spray into the posterior nares. Both of his hands being occupied with the working of the apparatus, he cannot use the "palate-hook" to draw the velum forwards, as I have advised him to do in all cases where a thorough application is desired, so that you see he is under certain decided disadvantages, when attempting to make a *post-nasal* application with the "atomizer." It is possible that he may be able to train the patient's throat to tolerate his necessarily slow movements, but I doubt it in the majority of instances, and therefore advise you, if you are obliged to use this form of instrument, to make the spray applications through the *anterior nares*, and by a few rapid compressions of the hand-balls, to force the spray quickly through the nasal passages, until it reaches, as it will, more or less completely, the upper pharyngeal space. In so doing let me caution you not to prolong the spraying. I have said that a few rapid compressions of the hand-balls will answer the purpose, and sufficiently medicate the mucous surfaces, if they are clean; if more are made, the surplus spray condenses into a fluid in the nasal passages. This is not desirable. The formulas that I am about to give you are for use in spray form—not fluid.

The best "Hard-Rubber Atomizer" that I know of at present, is one manufactured by the Davidson Rubber Company, and called "Hard-Rubber Atomizer, Continuous Spray, No. 61." The hard rubber tube of the instrument is provided with two separate tips, so that the spray may be thrown upwards (naso-pharyngeal space and posterior nares) or directly forwards (anterior nares). Double hand-balls are of course attached to it, in order that the spray may be continuously produced.

In default of all other apparatus, the practitioner may make a fairly efficient spray application to the nasal passages with the ordinary cheap "hand atomizer." Even such, I assure you, are far superior in their remedial effects to the common methods—too common by far for the good of the patients and their nasal mucous membrane—of snuffing up medicated solutions from the palm of the hand, dropping them into the nose from a medicine dropper, introducing them in the form of pastes, etc.

Personally, I place very little reliance on the various "pocket inhalers," etc., that are popularly recommended for the cure of "catarrh." Ammoniated and iodized preparations sometimes exercise a temporary benefit, but they can also readily do harm, if used to excess. Remembering this, if you choose to recommend them for the moral effect they exercise upon your patient, I have no objection.

I ask your attention now to the specific *remedial* treatment of the various forms of rhinitis. *Simple chronic rhinitis* requires, first, thorough preliminary cleansing of the passages. This may be accomplished usually by the patient using his handkerchief, unaided by any artificial form of apparatus. If the latter, in exceptional cases, be requisite, use the "nasal spray apparatus," with one of the given solutions. The post-nasal syringe is never required in this form of the disease. Following the cleansing process comes the remedial, which must be undertaken by physician or patient, with at first daily and then gradually diminishing frequency, until, at length, a time is reached (after several weeks) when the patient is told to present himself for treatment only when he develops, if he should, a recurrence of any old symptoms, or an attack of acute rhinitis. This consists in the application of the medicament, usually a mild alterative, resolvent, or astringent solution or powder. If the *spray* apparatus, with compressed air and some medicated solution, be chosen as the means, as I advise, some one of the following formulæ may be used, with preferably the *post-nasal* spray tube, but also with the anterior, or both. If the "hard-rubber atomizer" is the only instrument available, then the spray is thrown through the anterior nares. (1) Zinci Iodidi, gr. v-℥j; (2) Zinci Sulpho-carbolatis, gr. v-℥j; (3) Zinci Sulphatis, gr. v-℥j; (4) Ferri et Ammonii Sulphatis, gr. v-℥j; (5) Ferri Chloridi, gr. v-℥j; (6) Acidi Tannici, gr. v-xx-℥j; (7) Potassii Chloratis, ℈j-℥j, are the solutions that I most commonly use, given in the order of their preference. In any of these formulæ "Listerine" may be substituted, in part, for the water, in the proportion of one part of the former to three of the latter. I ordinarily do so, its composition being such that it will readily combine with any of the preparations of the Pharmacopoeia that we commonly use in treating these affections. If the simple

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Pepsin has long been considered valuable as a solvent of diphtheretic membrane and catarrhal mucus, and its manifold uses in surgery can at present be only a matter of conjecture.

While it acts with rapidity upon dead tissue, etc., its action ceases when it reaches the healthy tissue, which it cleanses and nourishes rather than injures.

For surgical purposes, a pure soluble pepsin is preferable, being easily dissolved in pure water, and permits of a wider range in the percentage of acid used in the solution, which is clearer than that in which a dry powder pepsin is used.

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rhinitis has advanced far towards the hypertrophic stage, then I commence at once with Iodini Cryst., gr. iv.; Potassii Iodidi, gr. x.; Zinci Iodidi. ℈j; Zinci Sulpho-carbolatis, ℈j; "Listerine," ℥j; Aquæ, ad ℥iv, as a spray. These applications should always be selected with due deliberation, in view of the special indications presented by the case, care being exercised that the application is of such a strength as to cause *no irritation* of the nasal mucous membrane, one much more susceptible than that of the pharynx or larynx. A preliminary trial of the strength of the solution should always be made.

In case these spray-applications are not well borne, or perhaps in accordance with the special views of the physician, a medicated powder may be substituted. Powders are particularly adapted to the treatment of this form of the disease, where the secretions are readily removable, the parts soft and absorptive. In hypertrophic rhinitis they are, I believe, of little use, and in atrophic or fetid rhinitis, contra-indicated. One such powder as, for instance, the following, may be applied by means of the anterior, or, if possible, the posterior nasal powder-insufflator that I have shown you:

℞—Acidi salicylici, grs. x.
Acidi tannici, ℥i.
Bismuthii subcarbonatis, ℥i.

or one of these:

℞—Ferri et ammonii sulphatis, ℈i.
Pulv. amyli, ℥i.
M.

℞—Pulv. iodoformi, ℥ij.
Pulv. acidi tannici, grs. v.
Pulv. gummi acaciæ, ad ℥ss,
M.

℞—Pulv. morphinæ sulphatis, grs. i.
Pulv. belladonnæ, grs. x.
Hydrargyri chloridi mitis, grs. xx
Sodii bicarbonatis, grs. xv.
Pulv. gummi acaciæ, ad ℥ss.
M.

Other combinations will suggest themselves.

Whatever be the plan of treatment instituted, not alone in this, but in the other forms of rhinitis as well, and its details may readily be determined upon from what has and will be said. It is to be *steadily persevered in*, not necessarily in all cases under the direct manipulation of the physician himself, but certainly in all cases under his general supervision, and at suitable intervals, which will vary according to the grade of the disease, until the morbid conditions for which it was undertaken are alleviated. Daily applications at first, then three times weekly, then twice, and finally at increasing intervals, dependant upon the indications, until a period of at least eight to ten weeks has been covered, will be the rule. The necessity even now for the immediate treatment of any subsequent recurrence of old symptoms, which will quickly yield, and for any attacks of acute rhinitis, which may or may not occur, I have spoken of. All this is tedious to the patient, I know, but, gentlemen, there is no royal road to the successful treatment of nasal catarrh.

In speaking to you now of the treatment of the next form—*hypertrophic rhinitis*—all that I have just said is applicable to its earlier stage, except that instrumental cleansing will often be requisite; that occasional use of the post-nasal syringe is a necessity, and that I prefer to commence at once with the formula of iodine, iodide of potash, zinc, etc., that I have given you.

In connection with this, you may employ, when it is necessary, and at such intervals of time as the comfort of your patient demands, preferably however, not at the same sitting, a solution of the hydrochlorate of cocaine (5 per cent.), as a local application to the mucous membrane, covering the inferior turbinated bones, in order to relieve the most annoying, perhaps, of the symptoms, of which the patient will complain to you, and which is apt to occur on even slight exposure to atmospheric changes or irritative causes. I allude to the occasional or intermittent turgescence of the tissues, that occasions partial or complete occlusion of one or both nasal passages, and interferes most uncomfortably with nasal respiration.

It is also possible that the contraction of all the tissues, mucous membrane, as well as underlying erectile structure, which immediately follows the cocaine application, exercises a mechanical compression which promotes the resorption of the hyperplastic tissue, that is so marked a pathological element in hypertrophic rhinitis. However this may be, the application of the cocaine solution, as hereafter described and directed, will relieve the condition of occlusion at once. Of course its effects, immediate and most satisfactory as they are, in freeing the occluded nasal passages, are but temporary, lasting in different cases a varying number of hours, dependent upon the peculiar susceptibility of the patient to its influence, but the application may be repeated, as occasion requires. I have never seen any constitutional or local evil effects follow even the prolonged and repeated use of the drug, although attention has been called in recent literature to possibly attributable ones.

If the disease is recent and moderate in extent, and the hypertrophy of the tissues not excessive, complete resolution may be effected by these means. On the other hand, if the process be first seen, as it so often is, in its advanced stages, when a firmly organized neoplastic tissue exists in a large degree, and seriously encroaches upon, even occludes, the nasal cavities, associated with a chronic inflammation involving the greater part of the upper pharyngeal mucous membrane, and hypertrophy of the adenoid tissue at the vault of the pharynx, the above plan of treatment, as a curative means, is *useless;* some alleviation of the more prominent symptoms may be obtained, but more heroic measures will be required to cure, chiefly the use of some means by which the hypertrophied membrane and tissue can be destroyed. I am bound to admit that it is in the use of these means mainly surgical, and in this form of rhinitis, that you will attain your most speedy, complete, and brilliant cures. The destructive agents that are at your command, are nitric acid, glacial acetic acid, chronic acid, the galvano or actual cautery, and nitrate of silver. These I have mentioned in the order in which I would select them for use in any case. I now add the Jarvis ecraseur, and, for the adenoid growths of the pharynx, the post-nasal forceps.

The little operation that I am about to describe to you first is one that you will often find necessary; you can readily perform it, and I assure you that it will give most gratifying results.

Let us suppose a case of hypertrophic rhinitis in which you find the hypertrophied mucous membrane located mainly over the inferior turbinated bone, in one or both nasal passages; there is partial, intermittent, or permanent occlusion occasioned by its presence, and you propose to destroy sufficient of the redundant or hypertrophied tissue to relieve these latter conditions, open up the nasal passages, and thus restore the possibility of free nasal respiration.

First, anæsthetize very thoroughly the parts upon which you propose to operate.

This is done with a solution of the hydrochlorate of cocaine of 10 per cent. strength. This preliminary step is requisite, not only in this little operation, that I am about to describe, but also in the others for removing, by surgical means, the redundant, hypertrophied tissue in hypertrophic rhinitis of which I shall speak in a few moments.

To accomplish anæsthesia of the nasal mucous membrane successfully, you must be sure of the good quality of your cocaine, and must apply it thoroughly to the parts upon which you intend to operate.

The latter is best done, I think, by means of a long probe (the cotton carrier of the aurists answers well), the end of which you have covered with a good layer of absorbent cotton, firmly twisted on, and well saturated with the cocaine solution.

The probe is then introduced through a nasal speculum, and by the aid of a good light, into the inferior meatus of the nose, pressed against the turbinated bone, and thus carried slowly backwards, being rotated as it proceeds, until the posterior extremity of the inferior turbinated bone is reached, or the end of the probe felt to be in the free space of the upper pharyn. When either the anterior or posterior extremity of the inferior turbinated bone is to be specially operated upon with the wire snare, special care must be taken that the saturated cotton is pressed strongly against these special points and contact kept up for a few seconds.

After a few moments (5—10) the application, as above described, should be repeated, with freshly saturated cotton; and, after a still further brief interval, the sensibility of the parts may be tested with a probe. If anæsthesia be now found complete, you may proceed with your operation; if not, another application of the cocaine must be made. It will, however, rarely be found necessary.

Some surgeons prefer to simply introduce a pledget of absorbent cotton, charged with the cocaine solution (and various strength solutions are used by different operators), well into the nasal passage and leave it there for a time previous to the operation; others use a spray of a cocaine solution. I think that you will find the application by means of the probe the most convenient and most efficient method.

Another desirable result is attained by the application of the cocaine, aside from the anæsthesia, and is one that assists very much in both the certainty and convenience of your operation.

Through its power and peculiar action it causes the almost instantaneous emptying of the engorged venous sinuses, a contraction of the erectile tissue—that underlies the mucous membrane—covering, specially, the inferior turbinated bones. The capillary vessels of the mucous membrane proper are likewise acted upon, but to a lesser degree. The effect of this process is a shrinkage of the mucous membrane and underlying tissues—so much so, in some cases, that a few moments after the application of the cocaine the former lies more or less closely approximated to the bony structures which it covers, and these, marked before by a swollen, congested membrane and surcharged erectile tissue, become plainly visible throughout their entire extent. Identification of the parts now becomes a possibility, and space for the introduction of instruments is afforded. More precision in operating follows, as a matter of course.

As might be imagined, from what has been said of this peculiar action of the cocaine, its immediate effect in lessening the troublesome hemorrhage incident to most intra-nasal operations is pronounced. This advantage, however, it seems to me, is more than counterbalanced by the disadvantage of the almost certainty of the occurrence of a secondary hemorrhage, as the contractile effects of the cocaine pass away, and the blood again forces itself into the lacerated erectile tissue.

The injection of hot water, with or without astringents, as you choose, will however, except in very rare instances, where tamponing of the anterior, and possibly the posterior, nares is requisite, quickly control it, if it do occur.

(*To be continued.*)

PRESERVATION OF VISION.

Dr. L. Webster Fox, of Philadelphia, in a lecture on "Eyesight, its Care during Infancy and Youth," just published, formulates ten excellent rules on the preservation of vision:

1. Do not allow light to fall upon the face of a sleeping infant.
2. Do not allow babies to gaze at a bright light.
3. Do not send children to school before the age of ten.
4. Do not allow children to keep their eyes too long on a near object, at any one time.
5. Do not allow them to study much by artificial light.
6. Do not allow them to use books with small type.
7. Do not allow them to read in a railway carriage.
8. Do not allow boys to smoke tobacco, especially cigarrettes.
9. Do not necessarily ascribe headaches to indigestion, the eyes may be the exciting cause.
10. Do not allow the itinerant spectacle vendor to prescribe glasses.—*Coll. and Clin. Record.*

BOVININE

A CONDENSED FOOD

PURE AND HEALTHFUL.

Since the successful "food show" held lately, in Boston, Mass., one can no longer doubt the fact that the people of this country are in earnest in their pursuit of knowledge regarding the kind of food that they eat. They are no longer content to take for granted every story that their grocer or butcher may choose to tell them, but show an earnest desire to examine and prove for themselves that what they purchase is pure and healthful.

One of the most energetic exhibitors at this fair was Henry T. Champney, manager of the J. P. Bush Manufacturing Company. Mr. Champney claims that he has discovered that which Ponce De Leon sought for, but failed to find many years ago. Not the fountain of perpetual youth, but something eminently more dear, and which has proved a most precious boon to mankind, *i. e.* Bovinine, which is the most readily absorbed and assimilated of all artificial food, inasmuch as it is disposed of at once in the stomach with the aid of the intestines, by a process approximating the transfusion of blood.

For purposes of nourishment and as a powerful aid in repairing the waste of living tissues in the body, Bovinine is rapidly taking the place of the so-called "beef extracts" being far better adapted to the most delicate patients. Consumptives, and those suffering from debility or an enfeebled condition of the system from any cause, derive great benefit from its use.

It contains more than twenty-six per cent. of soluble albuminoids. It is the only raw food in the world. During the last four months of his sickness, General Grant's food was Bovinine and milk, and it is said that from the use of this incomparable food alone that he was enabled to finish the second volume of his "Personal Memoirs"

Bovinine contains all the elements for the production of new blood with great rapidity. Its principal constituents have been selected with a view to furnish the largest amount of nutriment in the most condensed form, and all the resources of modern chemical analysis have been brought to bear on this important problem.

Bovinine makes new blood faster than all foods or preparations known, and if properly and promptly administered, will supply the body with the vitalized fluids so essential in expelling deleterious accumulations from the system.

The entire absence of insoluble matter together with its absolute freedom from drugs, minerals, acids, or alkalies, its uncooked state, in which it stands unique before the world, thereby presenting the vital extracts of the flesh of beeves in a raw or uncoagulated condition eagerly absorbed by the debilitated organs, renders it the most valuable adjunct to the remedial agents employed by the medical profession ever discovered.

Bovinine is prepared from thoroughly inspected cattle, great care being taken to have them free from pleuro-pneumonia and all other diseases. Twelve ounces contain the strength of twelve pounds of meat.

More than thirty thousand physicians in the United States, Canada and England have tested and prescribed this food during the last twelve months, and it has now come to be known as the standard preparation for the nourishment of infants, children and adults in every phase of sickness or disease, and it is relied upon to sustain the system in any pathological condition.

OVARIOTOMY FOR REMOVAL OF DERMOID OVARIAN CYST.

BY E. W. RIDINGS, M.D., CUMBERLAND CITY, TENN.

I was called to see Ellie G., white, age 15, daughter of a poor farmer, living two and a half miles from Cumberland City, September 14, 1891. The history of the case is that three weeks before, she complained of pain in back and over region of left ovary. It was thought to be symptoms of first menstrual period, and was passed unnoticed until about a month later, when there was some enlargement discovered on left side, which was very great when I was called in. I could get distinct fluctuation, but no symptoms of pus or pregnancy. I decided that the place should be aspirated for fuller diagnosis, and stated my opinion to the parents of the patient. On September 15th I visitid her prepared for aspirating. Dr. W. H. Glasgow was with me, and concurred in my diagnosis, and with small trocar and canule drew off one and a half gallons of sero-purulent fluid characteristic of ovarian cyst. As the patient was weak, I put her on tonic treatment. From September 15th to December 8th the cyst was evacuated six times more, and the cavity was washed out with a fifteen per cent. solution tincture iodine, removing in all nine and a half gallons of fluid.

The financial condition of the family rendered it impossible to carry patient to a surgeon; and after repeatedly advising them to allow me to call in other men to get their opinion of the case, Drs. J. S. Edwards and W. B. Scott were called in, and concurred in my diagnosis and reiterated what I had said in regard to an operation for removal of the growth. After much delay, the operation was finally consented to, with the understanding that I should operate. After a great deal of trouble in making all preparations that could be made out in a small country log cabin for an aseptic operation, the operation was done on March 12, 1892, assisted by Drs. W. B. Scott, W. H. Glasgow, and E. D. Lewis, of Cumberland City; J. S. Edwards and G. T. Abernathy, of Erin.

Dr. Glasgow commenced the anæthesia at 2 p. m. In twenty minutes the patient was placed on the table, and operation commenced by cleansing and shaving the parts well. The first incision of about two inches was made step by step down through the linea alba. I then ascertained the extent of the adhesion, which was found to be only about one inch to the omentum. With trocar I removed all the fluid that I could from the sac, and as it was still large, I enlarged the opening of the abdominal to four and a half inches; then enlarged the opening in the sac, and found it was dermatoid, containing four large cartilaginous and gelatinous tumors the size of a goose-egg, with three tufts of hair and one irregular shaped bone with serrated edges. After considerable trouble the contents were broken up and removed, after which the sac was removed without trouble. Next was to secure a short, thick pedicle, which was done with clamps; then the sac was excised, and the stump tied with carbolized silk, the Staffordshire knot being used; the cavity was sponged out clean and the pedicle dropped back. Dr. Edwards then closed the abdominal incision with interrupted silk suture, with a small drainage tube left in lower angle of wound. A dressing of iodoform gauze, over which was placed some sublimated gauze, with bandage of same.

The operation lasted about one hour and forty-five minutes in all. The patient rallied nicely, and did not lose over four ounces of blood during the whole time. After treatment first four days temperature did not go over 101°, circulation and respiration in proportion; after which time the temperature was from 101½° to 102½° until March 25th, when it was down to normal; but on vaginal examination could detect a little fluctuation at Douglas' pouch. Drs. Edwards and Lewis being present on that day, we immediately aspirated through Douglas' pouch and drew off about a pint of pus, and washed out the cavity with a solution of chloride sodium. From that day to now she has not had a bad sympton, has gained ten or twelve pounds in flesh, is visiting in the neighborhood, and can walk one and a half miles at a time. To-day is just two months since the operation, and I pronounce her cured.—*Nashv. Jourl. Med. and Surgery.*

BARBARIC MIDWIFERY.

Dr. J. K. Simpson, of Alaska, gives, in a recent number of the *Occidental Medical Times*, a sketch of the obstetric customs of the Alaskan Indians. His observations were made in the south-east of Alaska. When a woman arrives at full term a tent or hut is erected, and a hole dug in the middle and lined with moss. When labor commences the woman goes to the hut and squats over the hole, as in the act of defecation, grasping a pole driven into the ground in front. She is attended by three squaws; one sits behind her, and when a pain comes on clasps her arms about the abdomen, while the other two woman press firmly with their shoulders against the knees of the parturient woman. The child drops into the hole, occasionally breaking a bone or sustaining other injury. The umbilical cord is divided about four inches from the navel by twisting it and pinching with the nails, and is not tied. The squaws maintain their relative positions during the third stage of labor; a binder, consisting of two pieces of cloth or skin quilted together, and strengthened by pieces of bark, is applied, and the woman, if a primipara, remains where she is for ten days, but if a multipara often goes about her work the first or second day; in neither case is she washed for ten days, so that antiseptic midwifery is not followed. In spite of this, puerperal fever appears to be uncommon. The child, after remaining in the hole five or ten minutes, is drawn out, and the midwife dresses the stump of the cord with a foul-smelling mass consisting of the leaves of some herb chewed months before. The child's face is wiped, and it is put unwashed into a bag, stiffened with bark, which covers all but the head. Certain superstitions exist as to the placenta and cord. As a rule the placenta is burnt and the ashes carefully preserved; when the individual dies the ashes of the placenta are placed with those resulting from the cremation of his body in a small burial house. When the stump of the cord becomes detached from the infant's navel it is enclosed in an embroidered buckskin cover, and stitched to the front of the child's clothing, where it remains like a rosette until he is three or four years old. At that age the child goes into the woods and hides it.—*British Medical Journal.*

The doctor who presents a big bill may not take his own prescriptions, but he knows how to heel himself.

Old Dr. du Mond (to wayward nephew)—My boy, you should try to profit by advice.

Jack—I might, uncle, if I got five dollars a visit for giving it, as you do.

NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents for uric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolved in water in various proportions, but it certainly does not, in cases to which I refer have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

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OBITUARY.

Dr. Samuel E. Fetzer, the oldest physician in Mahony Plane, Pa., died July 30th, age 65.

Dr. William Hoffbaur, a prominent German physician of Dubuque, Iowa, died Friday, July 30, from the heat. He was over eighty years old and for many years was noted as a political speaker.

Henry W. Fuller, died June 28, at the residence of his son in New Rochelle, N. Y. Mr. Fuller severed his connection with the Chicago drug firm of Fuller & Fuller in 1885 and organized the New York Quinine & Chemical Company.

Died in this city suddenly, at her residence, 361 East 10th st., July 28, Charlotte C. Drummond, M. D. Deceased was Medical Examiner of United Council, 1,035, Legion of Honor, and Mizpah Council, 164, Order of United Friends.

Dr. Thomas Godrich, a prominent physician of Coney Island, died of diabetes at his summer residence, Van Sicklen, July 27. He was born in London fifty-four years ago. He held diplomas from several medical colleges in Europe. Shortly after graduating, Dr. Godrich was appointed a surgeon in the British army and on several occasions was called to attend the children of the Prince of Wales at Sandringham. Dr. Godrich went to Brooklyn six years ago.

PERSONAL.

Dr. R. C. Myles, of this city, is at Long Beach, L. I.

Dr. O. C. Hanner, of Jamaica, L. I., is at Lake George, N. Y.

Dr. H. Z. Landis, of Memphis, Tenn., is at Asbury Park, N. J.

Dr. John P. Munn has taken a cottage for the season at Litchfield, Conn.

Dr. W. W. Farlin, of this city, is at the Coleman House, Asbury Park, N. J.

Dr. F. E. Meyer, of this city, is at the West End Hotel, Asbury Park, N. J.

Dr. Thos. Opie, of Baltimore, Md. is at the Allair Hotel, Spring Lake Beach, N. J.

Dr. John Ellis, of this city, is at Fort William Henry Hotel, Lake George, N. Y.

Dr. David Kennedy, of Kingston, N. Y, is at the West End Hotel, Asbury Park, N. J.

Dr. E. Cowles, of Fishkill-on-the-Hudson, is at the St. James Hotel, Asbury Park, N. J.

Dr. Fredrick J. Leviseur, of this city, is at the Grand View Hotel, Atlantic Highlands, N. J.

Dr. John H. Van Water, Fleet Surgeon of the Pavonia Yacht Club, is at Atlantic Highlands, N. J.

Dr. A. J. Morris and wife of Syracuse, N. Y., are at the Metropolitan Hotel, Asbury Park, N. J.

A CLOSE CALL FOR THE NEGRO.

WHY A DRUGGIST SHOULD NOT GET TOO MUCH INTERESTED IN POLITICS.

I found the druggist reading a newspaper and apparently greatly excited. A county ticket had been nominated the day before, and it turned out that he did not favor some of the candidates, although of his party. Notwithstanding I was a stranger he began talking local politics to me and was going it strong when a colored man came in.

"Now then, what do you want?" demanded the druggist.

"Quinine, sah—ten cents' wuth."

The druggist went back of the counter to put it up, still talking politics, and the longer he talked the madder he got. I did not pay strict attention to what he was doing, but after the negro had gone it struck me that a mistake had been made.

"Did that man ask for quinine?" I asked.

"I believe he did, and what on earth could have possessed that convention to nominate such a man as Sam Raines for Sheriff! I——."

Are you sure you gave him quinine?"

"Why, I presume I did. I'll see the ticket in Texas before I'll support it."

My friend," I persisted, 'I believe you gave that man morphine. Isn't that the label on the bottle?"

"Didn't he ask for morphine?"

"No."

"Well, he's got some, confound him! Here—where'd he go?"

He ran to the door and called, "Sam! Sam! and presently the colored man returned.

"Sam, what did you ask for?"

"Quinine, sah."

"Well, I guess I gave you morphine. Hand it over and I'll exchange it. The idea of putting up Sam Raines when there was such good timber! I'll bolt the whole ticket from top to bottom!"

He made the exchange in such a cool, matter of fact way that after the customer had departed I said:—

"That was a narrow escape for some one, eh?"

"Yes; might have killed a nigger. And I'll let that crowd know they can't stuff no such nominations down me! It's an outrage, and one which must be rebuked at the polls, as it deserves!"

THE TREATMENT OF PAIN.

Prof. Hayem, in an article on this subject (Internationale klinische Rundschau), gives the results of some very interesting studies in this direction. He contends that to intelligently treat pain the varieties must be thoroughly understood, and, to facilitate matters, classifies pain as follows: Class (1) treated according to the intensity; Class (2) according to location; Class (3) the course of the pain, as to periodicity, duration, etc.; Class (4) the age of the case.

The intensity of the pain is of great importance when it comes to treatment; for pain can be of such severity and frequency as to cause death; for instance, pain of kidney and liver colic, and of angina pectoris. From the frequency with which certain cases have paroxysms of pain, it is evident that such remedies as chloroform and morphine cannot be constantly employed; and it is in this class of cases that the ingenuity of the physician is most severely taxed. One of the most painful affections is facial neuralgia; the remedies mostly employed are aconitia, morphine, and atropine hypodermically; antipyrine is sometimes used in the same manner. For internal medication quinia, and antifebrine seem to offer the best results—the quinia to be given during the interval between the paroxysms. Aconitia is the drug mostly relied upon to control the pain. Where the neuralgia is of the trunk or extremeties, some remedy must be used which acts locally, such as revulsives. One of the best remedies which the author has found is the refrigeration of the part by chlormethyl. If the condition is of the congestive form, as in recent rheumatic neuralgia, scarification is good practice. The topical application of a sedative is sometimes followed by good results. Some of the alkaloids of opium, made up in an ointment, to be rubbed over the part, often relieves pain. Veratrine, camphor, and menthol can be used in this way. In hemicrania dependent upon bad digestion, the antipyrine and phenacetine, internally administered, is often followed by relief from pain. The opium preparations alone or in combination with cocaine are particularly indicated in the smarting pain, occurring in neuroses of the digestive tract. The so-called rheumatic neuralgia is best controlled by the internal administration of quinia and salicylate of soda. B. M.

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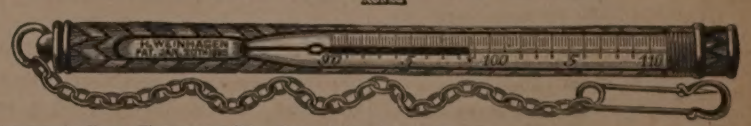

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Very respectfully,

Baltimore, Md., 8 November 1887. ORRAY T. SHERMAN.

The Doctors Weekly

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EVERY SATURDAY,

BY

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ANNOUNCEMENT.

EARLY in September, we will issue a large special edition of the WEEKLY containing photographs and biographies of many prominent physicians now residing in New York City, who were born in the Eastern States. This edition will be followed in rapid succession by similar editions devoted to physicians who came here from "The Southern States," "The Western States, etc," and also those of foreign birth. As about 25,000 copies of each edition will be printed, advertisers will find this an unusual opportunity for reaching the entire profession throughout the United States and Canada at small cost.

Old Doctor—No sir. I never have a patient die on my hands—never.

Young Doctor—How do you manage it?

Old Doctor—When I find a man is going to die I get him to call a specialist.

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SYRUP OF HYDRIODIC ACID.

HYDROGEN IODIDE.

This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers, who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the iginal preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metalic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a non-irritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner.

CAUSE FOR ALARM.

As we read in the daily newspapers of the fearful ravages of cholera in certain sections of Europe, we are forcible reminded of the importance of the adoption of the strictest sanitary precautions in our own seaport cities. Should the dreaded disease find a foothold in New York or other large city at this season, the results would be fearful to contemplate. The daily death rate in this city last week went beyond two hundred of which more than fifteen per cent. was due to sunstroke. The advent of cholera would undoubtedly be followed by a veritable panic, the like of which has never been witnessed in this or any other city. And the invasion would not end here; we are in daily communication with every other city in this country and the disease would rapidly spread all over the Continent. We are not an alarmist but we believe in the prompt adoption of such measures as will protect us from this dreadful scourge. The national government should take the matter in hand and see to it that our seaports are properly protected. Every vessel entering our ports should be rigidly inspected and all real or suspected cases of cholera promptly quarantined. An ounce of prevention is worth a ton of cure.

EDITORIAL ITEMS.

THE ignorance of many people, who live upon the water, in regard to the simple methods of resuscitation in cases of accidental drowning, are painful to behold. Only last week while passing up the East river on an excursion boat, we saw a lad drowned while bathing near the dock opposite Blackwell Island. His body was immediately rescued by some boatmen and placed on board a canal-boat near by, but no effort was made by his rescurers to resuscitate the unfortunate youngster, simply because they *didn't know what to do!* Unfortunately we were too far away to give advice or render any assistance. We believe that physicians ought to instruct the public more liberally on "what to do in emergencies."

AMONG the many charities in this great city none is more laudable than the *Evening World's* "Sick Baby Fund" which now amounts to nearly $10,000. With this money a complete corps of energetic physicians are employed who look after the sick babies of the indigent poor of the city during the hot summer months, rendering medical aid and providing necessary medicines, food and raiment. Verily this is charity of the right kind.

"I AM surprised that the abuse of the free dispensary system in this city is not prevented," said a visitor at our office recently. "Only a few days ago," he continued, "while visiting a friend who is connected with the —— Hospital I saw a lady exquisitely dressed and wearing beautiful diamond ear-drops, present herself at the out-door clinic where she received free medical advice and paid only ten cents for a four-ounce bottle of medicine."

PNEUMONECTOMY AND LUNG SUTURE.

At the late meeting of the California State Medical Society Dr. W. LeMoyne Wills detailed an experimental study (*Sou. Cal. Pract.*) which he had made. The speaker, as the result of his experiments, had arrived at the following conclusions:

1. Do not suture skin wound except for purpoes of pressure, as it heals too fast for deeper tissues and retains discharges, and seems to provoke formotion of or at least retain cheesy matter.

2. Close external wound with interrupted sutures, as skin and muscle are so loose that they pucker and do not heal rapidly.

3. Suture deep muscles layer by layer very carefully so as not to leave spaces, and to superficial muscles, but not to skin.

4. Leave no more stump of lung than necessary and the smallest pedicle which will be safe.

5. Without any constitutional evidences of sepsis (the greatest care and cleanliness being used) it seems that rabbits have a tendency to the formation of a cheesy puss in the healing of all wounds, operative or otherwise.

(This cheesy material was carefully examined on several occasions by Dr. George Lasher and Dr. Lulu T. Ellis, who found that it consisted of pus, broken down granulation tissues, young cells, bacteria, but not tubercle bacilli.)

ON THE ABSORPTION OF IODIDE OF POTASSIUM FROM THE RECTUM.

Baczkiewicz communicates the results of his experiments on the healthy and sick which he has made to study the absorption of iodide of potassium from the rectum. The iodide was introduced either in the shape of an aqueous solution (10 grammes to 50 cub. centimeters) or in the form of suppositories (containing the same amount of the salt). The appearance of iodine in the subject's saliva was detected by means of the usual starch test. The author found that:

1. In eight healthy persons iodine could be discovered in the saliva in from five to nine minutes, the average time being seven minutes.

2. In five patients with lesions about the rectum or in its neighborhood (cancer of the rectum, parametritis, hæmatocele retrouterina, etc.), the absorption was retarded, the time oscillating between nine and fifteen minutes.

3. The same was the case in seven patients with remote affections (acute nephritis, malignant disease of the stomach, cardiac organic disease, etc.), the time averaging about fourteen minutes.

4. In the shape of solutions the iodide was absorbed by the rectal mucous membrane more rapidly than in that of suppositories, the difference amounting to several minutes.—*Prov. Med. Gaz.*

"My dear doctor, I suffer a great deal with my stomach."

"Be patient, madam, you would probably suffer more without it."

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is invaluable in all forms of **WASTING DISEASE,** and in cases of **CONVALESCENCE FROM SEVERE ILLNESS.** It can also be depended upon with **POSITIVE CERTAINTY OF SUCCESS** for the cure of **NERVOUS WEAKNESS, MALARIAL FEVER, INCIPIENT CONSUMPTION,** and **GENERAL DEBILITY.**

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Formula.—

Every fluid drachm contains fifteen grains EACH of Pure Chroral Hydrat. and purified Brom. Pot. and one-eight grain EACH of gen. im. ext. Cannabis Ind. and Hyoscyam.

Dose.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

Indications.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirum of fevers it is absolutely invaluable.

It Does Not Lock Up The Secretions.

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Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendendy to [illegible] **tion, etc.**

Indications.—

Same as Opium or Morphia.

Dose.—

ONE FLUID DRACHM—(represents the Anodyne principle of one-eight grain of Morphia.

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THE ALTERATIVE AND UTERINE TONIC.

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Iodia is a Combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

Dose.—

One or two fluid drachms (more or less as indicated) three times a day, before meals.

Indications.—

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Olei menthæ pip. *m* xlv.
Aquæ ammoniæ, fl ℥ iss.
Olei terebinthinæ, q.s. ad fl ℥ iv.

Dissolve the camphor and oil of peppermint in the alcohol; add the oil of turpentine and tincture of opium, and lastly, the water of ammonia.

LINIMENTUM STIMULANS. (99th Street Hospital.)—

℞ Aquæ ammoniæ,
Olei terebinthinæ, aa fl ℥ j.
Linim. camphoræ, fl ℥ ij.

Add the camphor liniment to the water of ammonia in several portions, shaking after each addition. Lastly add the oil of turpentine.

LINIMENTUM TEREBINTHINÆ ACIDUM,—Brodie's Liniment.—

℞ Acidi sulphurici, fl ℥ j.
Olei olivæ,
Olei terebinthinæ, aa fl ℥ j.

Add the acid gradually to the olive oil, stirring in a mortar. When the mixture is cold, gradually add the oil of turpentine and mix.

LIQUOR BORO-SALICYLICUS. — Thiersch's Solution.—

℞ Acidi salicylici, part j.
Acidi borici, part. vj.
Aquæ, part. d.

Dissolve and filter.

NOTE.—In filtering solutions containing salicylic acid or salicylates, *white* filtering paper, *free from iron*, must be used, to prevent the liquid from acquiring a red color.

LIQUOR BROMI, SMITH.—Smith's Solution of Bromine.—

℞ Bromi. ℥ j.
Potassii bromidi, ℥ ss.
Aquæ, fl ℥ iv.

Dissolve the bromide of potassium in the water, add the bromine, agitate, and transfer the mixture to small, glass-stoppered vials.

LIQUOR IODI CARBOLATUS.—Boulton's Solution.—

℞ Tinct. iodi comp., *m* cx.
Acidi carbolici liquefacti, *m* xl.
Glycerini, fl ℥ iiss.
Aquæ, q. s. ad fl ℥ xvj.

Mix the tincture with the carbolic acid, liquefied by a gentle heat; then add the other ingredients, and expose the mixture to sun-light until it has become colorless.

Used also as a local application in diphtheria.

LIQUOR IODI CAUSTICUS, CHURCHILL.—Churchill's Iodine Caustic.—

℞ Iodi, ℥ j.
Potassii iodidi, ℥ ij.
Aquæ, fl ℥ iv.

Dissolve and mix.

NOTE.—This preparation should not be confounded with *Tinctura Iodi Churchill* (Churchill's Tincture Iodine).

LIQUOR MORPHINÆ BORATUS. (Bureau O. D. P.)—

℞ Morphinæ sulphatis. gr. j.
Acidi borici, gr. x.
Aquæ, fl ℥ ss.

Dissolve. 5 drops to be put into the ear every 3 hours, in acute purulent otitis.—*Dr. W. F. Mittendorf.*

LIQUOR PICIS ALKALINUS.—Alkaline Solution of Tar.—

℞ Picis liquidæ, ℥ iv.
Potassæ, ℥ ij.
Aquæ, q. s. ad fl ℥ x.

Dissolve the potassa in the water. Shake the solution with the tar, so that the latter may be dissolved, and strain the solution through muslin.—*Dr. L. D. Bulkley.*

LIQUOR POTASSH CHLORATIS ET FERRI.—Jacobi's Special.—

℞ Potassii chloratis, gr. lxxx.
Tinct. ferri chlorid , *m* clx.
Glycerini, fl ℥ ij.
Aquæ, q. s. ad fl ℥ viij.

Dissolve and mix. Used as a gargle, and also internally, in doses of ½ fl oz.—*Dr. Abraham Jacobi.*

LIQUOR SODII BORATIS COMPOSITUS. — Dobell's Solution.—

℞ Sodii boratis,
Sodii bicarbonatis, aa ℥ ij.
Glycerini, *m* ccxl.
Acidi carbolici, gr. xxiv.
Aquæ, q. s. ad fl ℥ xvj.

Dissolve the salts in about 8 fl. oz. of water, then add the glycerin and the carbolic acid previously liquefied by warming, and lastly, enough water to make 16 fl. oz.

NOTE.—Dr. Dobell's original formula directs the Glycerite of carbolic acid of the *Brit. Pharm.* The above given proportions produce practically the same results. In certain cases, Dr. Dobell recommends to replace the borax by chloride of ammonium, chlorate of potassium or other salts.

LIQUOR ZINCI ET FERRI COMPOSITUS (N. F.)—Compound Solution of Zinc and Iron. —Deodorant Solution.—

℞ Zinci sulphatis,
Ferri sulphatis, aa ℥ xvj.
Naphthol, gr. xx.
Ol. thymi, *m* ix.
Ac. hypophosphorosi dil. (N. F.) *m* cxx.
Aque, q. s. ad fl ℥ lxxx.

Dissolve the sulphate of zinc and sulphate of iron in 5 pints of boiling water, add the naphthol and oil of thyme, and shake the mixture occasionally in a stoppered bottle, until it is cold. Then add the acid, filter through a wetted filter, and make up with water to 80 fl. oz.

NOTE.—This solution is used as a simple deodorant, or disinfectant when it is unnecessary or impracticable to use more powerful agents.

LOTIO NIGRA.—Black Wash.—

℞ Hydrarg. chlor. mitis, gr. lxiv.
Aquæ, fl ℥ ss.
Liquoris calcis, fl ℥ xvss.

Mix the calomel with the water, contained in the bottle in which the preparation is to be dispensed. Finally, add the lime water, and agitate thoroughly.

NOTE.—The sediment in this mixture is so heavy that it can only with difficulty be transferred from a mortar, together with the liquid, into the bottle. For this reason it is preferable to prepare the mixtuer as directed above.

FOR DYSPEPSIA.

For pain in the chest which comes on half an hour or an hour after food, take the following:

Take of

℞ Tincture of nux vomica, 10 drops.
Acid hydrochloric dilute, 10 drops.
Chloroform water, ½ ounce.

Mix, and take immediately after meals.

THERAPEUTIC NOTES.

EPIDERMIUM is the name given to a new basis for ointments, composed of wax, water, glycerine, and an adhesive substance made of gum arabic and wax.

COMPULSORY closing of the drug stores in Manchester, N. H., at 10 in the evenings and for all save two hours on Sunday by city ordinance is calling forth protests from the public. The ordinance has been declared unconstitutional, but is still enforced, more probably by the druggists themselves than by the city authorities.

BOAS'S "History of Medicine" contains the following oath, which was taken by the apothecaries of the thirteenth century: "To honor, esteem and serve the doctors of medicine, to speak no evil, and to do everything which may contribute to the honor, reputation, embellishment and majesty of medicine."

DR. JOSEPH PRIESTLEY, the discoverer of oxygen, who emigrated to America in 1794, died in Northumberland in the year 1804, and was buried on the banks of the river. The house in which he spent the last ten years of his life, with its chemical laboratory, and also the Unitarian church in which he used to preach, are still standing. At their recent annual meeting the members of the Pennsylvania Pharmaceutical Association had a rare treat in being enabled to visit this historic spot. — *Western Druggist.*

THE first edition of the Italian pharmacopoeia, legally recognized over the whole of Italy, has just made its appearance under the official title of "Farmacopœa Officiale del Regno d'Italia." It forms a handsome volume of four hundred and thirty-three pages, is decorated with the royal Italian coat-of-arms, and is published "under authority of the Minister of the Interior."

COCAINE AND ANTIPYRIN COMBINED AS A LOCAL ANÆSTHETIC.—Dr. E. Stuver (*Hygiea*), praises a solution of five parts of cocaine and fifteen parts of antipyrin in one hundred parts of water as a very effiicacious local anæsthetic for minor surgical operations. The action of this mixture he states to be more intense and lasting longer than that of cocaine alone. It has also been successfully employed in cases of obstinate vomiting.

ANÆSTHETICS.—Dr. Ness, in *Glasgow Med. Journal*, reports 1080 cases in which anæsthetics were employed at the Hospital for Sick Children. In all these cases careful notes were taken, and there were at least a thousand more of which no record was kept. Chloroform was almost invariably used, ether being employed only in exceptional cases. No death ever occurred during the administration of an anæsthetic. The mode and details of administration are not given.

The *Indian Medical Record* has a statement by a native surgeon to the effect that the oil of cloves is abhorrent to the mosquito. It is his habit to pour three or four drops of this oil on his pillow on going to bed. The insect never troubles him after that. Those of his family and friends who have tried the experiment report similar gratifying results. The oil of cloves has been recommended by some observers as an external application to allay irritation from the bites of insects.

MEDICAL PRACTICES.

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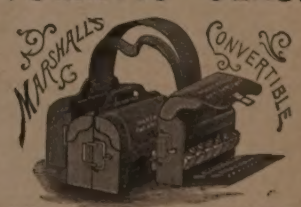

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NEWS AND MISCELLANY.

An International Congress of Dentists will be held at Chicago, in August, 1893, during the World's Fair.

Many guests have been frightened away from Block Island by the appearance of a few cases of small-pox at that popular resort.

The *Langenbeck-Haus*, intended as the meeting-place of the various medical organizations of Berlin, was opened on June 8th, with appropriate ceremonies.

In no other learned profession save the law do incomes contrast so sharply, the great with the small. In the law conditions are similar.—*St. Louis Republic.*

Mr. Graham H. Hamrick, a farmer of Philippi, W. Va., is said to have discovered the lost art of embalming as practised by the Egyptians thousands of years ago.

The St. Louis Medical Society has refused to admit any more female physicians. The members concerned in the rejection of female physicians claim that the latter should form a society of their own.

A Kentucky woman who concluded her medical studies this last spring, brought home in one arm her diploma and in the other her week-old babe (*Phar. Era*). Another woman in Kansas not long ago celebrated her election as town mayor by giving birth to a child on the same day.

At Hephzibah, Ga., Samantha Brown, colored, called on Lee Whitehead, also colored, and a would-be dentist, to have a tooth extracted. He opened the woman's jaws so wide she could not close them, and it was with difficulty a surgeon got them in proper position.

The annual meeting of the New York State Medical Association will begin on November 15, 1892. Physicians who intend to read papers at the meeting, should send titles of same to the Secretary, Dr. E. D. Ferguson, Troy, N. Y., so as to facilitate the work of the chairman of the committee of arrangements in making up the programme.

The usual summer corps of fifty physicians for house-to-house visitation among the tenement districts have been appointed by the Board of Health, and went on duty the first of July. Many of those appointed have served in a similar capacity in previous summers, and are therefore thoroughly conversant with the duties expected of them. The corps will be under the general direction of Sanitary Superintendent Edson, but Dr. Moreau Morris will, as usual, have the immediate supervision of the work under their charge. The term of duty is for two months, and the salary is $100 a month.

It has been stated that Dr. T. Gaillard Thomas has made as high as $100,000 a year, and that his regular income is not far below that sum. Allan McLane Hamilton is said to make $50,000 a year; Dr. Spitzka about the same, Drs. Thomas and Salisbury the same, and two or three more around the same sum yearly. Eighteen or twenty make about $20,000 a year, upwards of 100 half as much, and the rest of them at any other figure down to $3,000 or $2,000, or even $1,000 yearly.

All lovers of grewsome, uncanny and horrible tales will remember the story of Timor and his famous "Pyramid of Skulls." The butchery which resulted in the building of that horrible edifice is recalled by the recent discovery near Nisch, Servia, of a building wholly constructed of human skulls and bones. It is in the farm of a square, about 16 feet high, and is composed of fifty-six piles of deathheads and crossbones, there being seventeen skulls and as many pairs of crossbones in each pile. When or by whom it was erected is still a mystery.

The following are the officers of the American Health Resort Association for the ensuing year: T. C. Duncan, M.D., Chicago, *President;* J. F. Danter, M.D., Toronto, *1st Vice-President;* I. N. Danforth, M.D. Chicago, *2d Vice-President;* W. P. Roberts, M.D., Boston, *3d Vice-President;* T. S. Hoyne, M.D., Chicago, *Treasurer;* W. A. Chatterton, M.D., Chicago, *Recording Secretary:* J. D. Hartly, M.D., Chicago, W. S. Hames, M.D., Chicago, and W. W. Van Barry, M.D., Philadelphia, *Correspondiag Secretaries.* The next meeting will take place in Chicago during the *World's Fair.*

Dr. F. E. Waxham, of Chicago, Ill., charged a board of trade man the insignificant sum of $2,000 for performing intubation on his child, sick with diphtheria. The gentleman offered in payment in full a check for $400, the highest charge named in the local schedule for tracheotomy being $200, but it was refused by the physician. Submitting the case to a tribunal of three physicians for arbitration, a verdict was given in favor of Dr. Waxham, in spite of the fact that a half dozen other local physicians declared themselves ready to perform the same operation for $25 or $30. The only excuse for the exorbitant charge given is said, by the newspapers, to be the wealth of the parent!

The Northern Kansas Medical Society met at Seneca, Kansas, Thursday, June 16th. Those present were Drs. Murdock, Wachter, Hayes, Leish, Bullard, Corwin, Best, Bliss, Edwards, Ham, Murdock, Jr., Nye, Redding, Wagoner, Binnie, Beattie, Morton, Garner, Smith, and others. Dr. Binnie, of Kansas City, read a paper, "Scar Keloid," and Dr. Morton, of St. Joseph, another, "Obstetrical Work in the Home of the Friendless of St. Joseph, Mo." Both papers elicited a good discussion. One of the most interesting features of the meeting was the large number of clinical cases exhibited. Some ten or fifteen cases were brought before the society by the members for suggestions regarding treatment. Beattie, Garner and Wachter, as well as others, made oral reports of interesting cases. The officers elected were: Dr. Reding, President; Dr. Nye, Vice-President; Dr. Wachter, Baileyville, Secretary-Treasurer. The meeting was a good one, scientifically as well as socially, and only confirms the opinion now well established that this is among the best societies in the State of Kansas.

THE HOT SEASON AND CONSEQUENT AILMENT.

During the last few days an atmospheric wave of unusual high temperature has passed from West to East over the Northern States. Fahrenheit thermometers marking over 90 degrees for nearly the entire day for more than a week. This is dangerous weather and carries with it a death mark to many houses. The daily press tells of the adults who directly succumb to the effects of the heat, but leaves unrecorded the names of scores and hundreds of invalids and infants whose lives go out as they wilt before the Sirocco. While the immediate mortality has been appalling, the enervating and debilitating influence of the heat will for weeks and months continue its depressing influence.

From this heat will be dated the beginning of innumerable cases of summer complaint, diarrhoea, dysentery, nervous prostration, and mental aberration. The mortality and suffering from these affections may be greatly lessened by timely advice from family physicians.

The knowledge should be made common among the people, that for heat stroke or prostration, the patient whether old or young, should be immediately removed, if in the sun, to a cool and shaded place, the clothing loosened and much of it taken off, and when possible, plunged in a cool bath, or showered with cold water from a sprinkling can; care being taken to remove the patient from the bath, or to stop the sprinkler before the temperature has reached the normal, lest collapse ensue.

Frequent and free baths in cool water cannot be too strongly urged, particularly upon the large population in city tenement houses. Those people do not have bath-room facilities and accommodations, but they do have ordinary washtubs that answer an admirable purpose as a plunge for the little ones, and a sponge off and ablution for those who are older.

This is trite and elementary information to our readers, but is gone over in order to direct attention to a prophylactic measure that should be urged upon the poor, and particularly upon those who swelter in sweat-shops, and similar places.

* * * * * *

The prevalence and continuance of summer complaint is in direct proportion to the height of atmospheric temperature, and for this the very best remedies are of the prophylactic order, and of these the knowledge should be made common among the people, and particularly among the poor. In addition to the bathing referred to, a suitable diet and resort to the parks, lake, river, or seaside are absolutely essential for the preservation of much of the child life of the great cities.

For nursing infants, the mother's milk is the best diet in most cases, but not infrequently this is an irritable or indigestible food for the child, and is often supplied in insufficient quantity. A wet nurse is an excellent substitue, but for one reason or another, in a vast majority of instances is not available. The diet that is most convenient and frequently resorted to, is cow's milk. For infant or invalid feeding this should be sterilized as quickly as possible. This may be done by pouring the fresh new milk into a perfectly clean bottle, lightly stoppered with a clean new cork, then place the bottle in a pan or other vessel of warm water, which should be heated to the boiling point and kept there for not less than twenty minutes. A few grains of table salt should be added to the milk. The bottle may now be closely stoppered and set in a cool place.

Milk sterilized in this manner is palatable and wholesome for several hours, or even for a whole day. This simple and inexpensive process can be carried out in any family.

Milk is like a sponge in its power of absorption, taking up the contaminating properties of the surrounding atmosphere with the greatest rapidity; for this reason mothers and housewives should know that its use should depend upon their most careful and immediate attention.

* * * * * *

Don't always think that because a mother is an educated woman that she consequently knows enough to frequently give the baby a little drink of cool water. A little at a time and often should be the rule. Many mothers don't know this, but as a substitute place the puling infant at the breast to stop its crying.

All cases that are severe enough to have medication should be under the direction of a physician.—*Journ. Am. Med. Association.*

"I believe that Ponca Compound has a more decided alterative action upon the uterus and uterine mucous membranes than any known remedy. Under its internal administration I have seen long standing ulcerations heal, foul discharges cease, a spongy, inflamed and enlarged uterus reduced in size and become firm and healthy. In subinvolution it is invaluable, soon relieving such symptoms as headache, backache, sideache, bearing down feelings, bladder troubles, bloated abdomen, indigestion, constipation and many others that are a consequence of this condition."

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AN ANOMALOUS CASE OF SYPHILIS.

BY W. FRANK GLENN, M.D.,
Professor of Venereal Diseases, Medical Department University of Tennessee.

On April 23, a gentleman consulted me for a venereal sore on prepuce, which had appeared just two weeks prior. Upon careful examination, I concluded it was chancroid, and so treated it (locally). After two weeks' treatment, during which time iodol, aristol, europhen, and iodoform were used, there was not the slightest improvement, but the sore had slightly enlarged. There was not the slightest induration or enlargement of any gland in the body. I then informed the patient that, owing to the obstinacy of the sore, I suspected syphilis, but that I would not give constitutional treatment until some symptom developed which left no doubt as to its nature. So I had him continue to bathe it well with very hot water and apply iodoform three times daily, without the slightest improvement in the sore.

On the fifty-first day after its appearance, his breast and abdomen became covered with an erythematous syphilide. I then felt certain that the sore was chancre, not chancroid, and placed him on mercury. The skin eruption and local lesion both disappeared rapidly, thereby verifying the diagnosis. There was at no time any enlargement or induration of any of the inguinal glands, or other lymphatics in the body.

I think the obstinacy of a venereal sore, the stand-still nature, a strong point in the diagnosis of chancre. If there is only one sore and no others appear, and it neither gets better nor worse, under local treatment, and it occasionally has a hot, burning sensation, there is strong reason to believe it is chancre. Yet specific treatment should never be instituted until some positive secondary symptom fully verifies the diagnosis.

I had a similar case in November, 1891. In a practice of nearly twenty years these are the only cases of chancre that were not sooner or later accompanied by indurated inguinal lymphatics that have come under my observation.—*So. Practitioner*

PROFESSIONAL LIBERTY IN RUSSIA

The practitioner of medicine in Russia has, in marked contrast to his American brother, very little liberty in the pursuit of his profession, and none at all save as it is doled out by the police.

According to George Kennan, than whom no better authority on Russian laws and customs exists, the physician must get permission from the police before he can practise his profession, and then if he does no wish to respond to night calls, he must have permission to refuse to go; furthermore, if he wishes to prescribe what are known in Russia as "powerfully acting" medicines, he must have special permission or the druggist will not dare fill the prescriptions.

"Chemists and apothecaries, both in the cities and in the provinces, are furnished by the police with a complete list of names of all physicians who have the right to prescribe 'powerfully acting' medicines, such as anæsthetics, narcotics, and poisons. If a doctor's name is not on this list the chemists dare not fill his prescription for any drug that might be used by a 'terrorist' for the attainment of illegal ends."—*Med. Fort Nightly.*

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Dr. Posner stated before the Berlin Medical Society: "The best form of sandal-wood oil was the French preparation known as **Santal-Midy.**" —*Medical Record.*

Dr. C. H. Kirwan, says: "After six months' use I can say that I never obtained such satisfactory results from the internal administration of any drug in gonorrhoea as with Santal-Midy capsules; I prescribe them constantly and always with excellent results.—*Med. Herald.*

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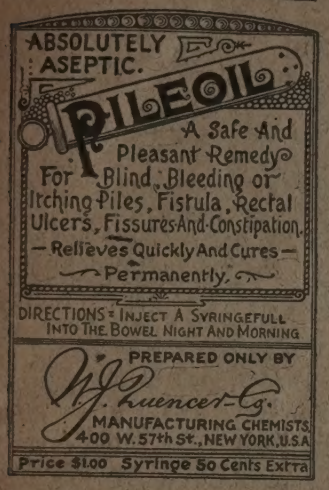
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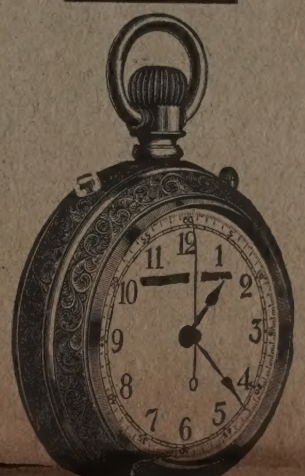

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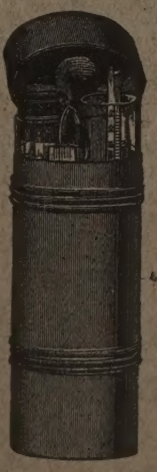

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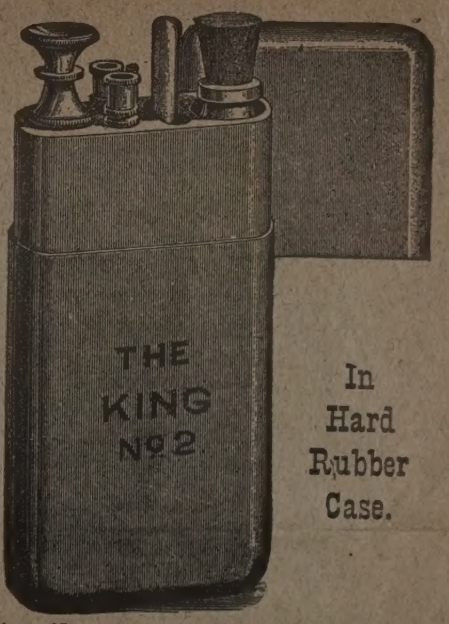

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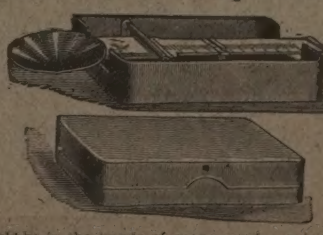

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